

Please return within 10 business days

<b>September 2003-2004</b> <b>Financial Information</b>
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**Office for Children**  
**School Age Child Care Program**  
 12011 Government Center Pkwy. 9<sup>th</sup> floor  
 Fairfax, VA 22035

**\*\*\*This form is not required if you will pay full fee.\*\*\***

Child(ren)'s Name(s) \_\_\_\_\_

 Billing Parent/Guardian \_\_\_\_\_  

Last Name
First Name
MI

Billing Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

SACC Account # \_\_\_\_\_

**\*\*\*\*\* In order to receive reduced SACC fees, please do the following: \*\*\*\*\***

1. Submit a copy of a current pay stub (no Tax Returns or W2's) for all adults in the household living together as a family who share income and expenses. If income varies by pay period, please send three consecutive pay stubs. If you do not receive paystubs, please call SACC Registration for additional documentation requirements.
2. Complete the Household Income Information below. Return pay stubs along with this form to the address above or fax to 703-324-3007. If you do not return financial information, you will be assessed full fee.

Note: Additional forms/documentation will be required if your household income qualifies for reduced fee.

**Household Income Information Worksheet:**

	<b>Gross Annual Total</b>
Mother's/Stepmother's (Salary)	\$ _____
Father's/Stepfather's (Salary)	\$ _____
Alimony/Child Support	\$ _____
Other Income	\$ _____

**Gross Annual Household Total** (line 1) \$ \_\_\_\_\_
**Deductions:**
 Number of children under the age of 18 in  
 the household X \$3000.00 (line 2) (-) \$ \_\_\_\_\_

**Adjusted Income:** (line 1 minus line 2) (=) \$ \_\_\_\_\_

I certify that this income information is a true and accurate statement of the financial status and composition of my household. I understand that giving inaccurate or erroneous information may result in loss of SACC services. I will notify SACC Registration within 10 days if any information changes. I understand that any fee reduction resulting from changes in the household income information will become effective from the point of receipt forward, and will not be retroactive to past bills.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Questions? Call SACC Registration at (703) 449-8989

[www.fairfaxcounty.gov/childcare](http://www.fairfaxcounty.gov/childcare)

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